

DRAFT FOR CONSULTATION**Marking sheet for Psychiatry & Psychology IME reports**QAP Report: Peer Reviewer:

Peer Reviewer is required to complete this Marking Sheet using the IME Service Standards

1. WORKER DETAILS (score either 0 not present, or 1 present or not applicable)

| | |
|--|----------|
| Name | 1 |
| Date of birth | 1 |
| Claim number | 1 |
| Employer at time of injury | 1 |
| Date of original injury/transport accident | 1 |
| SCORE | 5 |

2. DETAILS OF REFERRAL & ASSESSMENT (score either 0 not present, or 1 present or not applicable)

| | |
|---|----------|
| Summary of reason for referral | 1 |
| Summary of documents reviewed as part of this report (either as list or refer to attached list) | 1 |
| Date & place of examination | 1 |
| Others present | 1 |
| Purpose of the examination & role of an IME | 1 |
| Summary of IMEs previous assessments of the client/worker | 1 |
| SCORE | 6 |

3. RELEVANT HISTORY REPORTED BY THE WORKER**a. Development of condition/injury (score from 0 not present, to 5 comprehensive & relevant or not applicable)**

| | |
|--|----------|
| Development of psychiatric condition, including onset, all relevant circumstances & subsequent history | 5 |
| SCORE | 5 |

b. Medical & health (including pre-existing conditions/injuries/treatment)

(score 0 not present, 1 partially present, or 2 fully present or not applicable)

| | |
|--|----------|
| Relevant medical & psychiatric history | 2 |
| SCORE | 2 |

c. Family of origin & development history (including education, relationships and drug or substance use) (score 0 not present, 1 partially present, or 2 fully present or not applicable)

| | |
|--|----------|
| Any significant life events or hereditary risk factors including any personality vulnerability | 2 |
| Personal & social history including marital history and relevant family history | 2 |
| Alcohol, drug & forensic history | 2 |
| SCORE | 6 |

d. Occupational (score 0 not present, 1 partially present, or 2 fully present or not applicable)

| | |
|--|----------|
| Level of education & training | 2 |
| Previous work history | 2 |
| Brief job description & relevant tasks at time of injury/condition | 2 |
| Details of any return to work attempts following the injury/condition including, if unsuccessful, details of any issues/barriers | 2 |
| SCORE | 8 |

4. CURRENT REPORTED SYMPTOMS & FUNCTIONING

(score 0 not present, 1 partially present, or 2 fully present or not applicable)

| | |
|---|----------|
| Current complaints/symptoms/aggravating & relieving factors | 2 |
| Current daily activities & functioning, including any limitations/restrictions/tolerances | 2 |
| Ability of the worker to travel | 2 |
| Client's perception of own ability to return to work & barriers | 2 |
| SCORE | 8 |

5. TREATMENT AND MEDICATIONS (score from 0 not present, to 5 comprehensive & relevant or not applicable)

| | |
|---|----------|
| Details of treatment and medications relevant to injury | 5 |
| SCORE | 5 |

6. DETAILS OF DIAGNOSTIC INVESTIGATIONS

(score 0 not present, 1 partially present, or 2 fully present or not applicable)

| | |
|--|----------|
| Details of relevant diagnostic investigation | 2 |
| SCORE | 2 |

7. CLINICAL EXAMINATION INCLUDING MENTAL STATUS EXAMINATION

(score from 0 not present, to 20 comprehensive & relevant or not applicable)

| | |
|---------------------------|-----------|
| Mental status examination | 20 |
| SCORE | 20 |

8. COMMENT ON DOCUMENTATION PROVIDED

(score from 0 not present, to 5 comprehensive & relevant or not applicable)

| | |
|---|----------|
| Relevant comments on documentation dealing with important consistencies & inconsistencies referred to in IME report | 5 |
| SCORE | 5 |

